

**Registration for 1<sup>st</sup> American Conference on Human Vibration**  
**Held at the Radisson Hotel and Conference Center, Morgantown, WV**  
**June 5 – 7, 2006**

Registration is requested by May 1, 2006. (Please print or type; photocopy for additional registrants)

Name: \_\_\_\_\_  
(As it should appear on your badge) Degree (MD, PhD, etc.) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Specialty: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Registration Fees*</b>	<b>Before May 1</b>	<b>After May 1</b>
_____ Full Conference	\$300	\$350
_____ Student Discount	\$150	\$150

\* Fees include a bound copy of the conference proceedings, conference materials, opening reception (Sunday evening), lunch (Monday and Tuesday), reception at the poster session (Monday evening), banquet dinner (Tuesday evening), and morning and afternoon breaks.

Please check below if you plan to attend the opening reception and banquet. Guests not registered for the conference are welcome to attend these functions for the fees listed below (please list number of guests planning to attend).

<b>Attendance</b>	<b>Opening reception</b>	<b>Banquet</b>
Registrant	Yes _____ No _____	Yes _____ No _____
Guests	Number _____ (\$20 per guest)	Number _____ (\$50 per guest)

**Payment enclosed:** \$ \_\_\_\_\_

Method of Payment: \_\_\_ Check \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Diner's Club \_\_\_ Discover \_\_\_ American Express

Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Full Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

CVV code: \_\_\_\_\_ (The CVV code appears as a three or four digit number printed on the reverse side of the card on the signature panel following the account number.)

Fax or Mail payment with this form to:

**West Virginia University Medical Corporation**

c/o Office of Continuing Education  
5302 Health Sciences South  
P.O. Box 9080 - HV  
Morgantown, WV 26506-9080  
fax to (304) 293-8652

Special Requirements: If you have dietary restrictions, or need special assistance or accommodations, please specify:

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